FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
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Estimated average burden								
hours per response:	0.5							

## **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  BECTON DICKINSON & CO		Sta	Date of Event Retement (Month/I)  10/2022	. · · . I	3. Issuer Name and Ticker or Trading Symbol  Embecta Corp. [ EMBC WI ]						
(Last) ONE BECTON (Street) FRANKLIN LAKES (City)	(First) DRIVE  NJ (State)	(Middle)  07417  (Zip)	02/10/2022		Relationship of Reporting Perso (Check all applicable)     Director     Officer (give title below)	X	o Issuer 10% Owner Other (speci below)		(Month/Day/Year)  6. Individual or Joint/Applicable Line)  X Form filed by	Individual or Joint/Group Filing (Check pplicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting	
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)			1	2. Amount of Securities Beneficially Owned (Instr. 4)	F			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock, par value \$0.01 per share				1,000		D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable a Expiration Date (Month/Day/Year)		ate	Derivative Security (Instr. 4)		4. Convers or Exerc	ise (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)				
		Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Price of Derivativ Security	ve (Instr. 5)			

**Explanation of Responses:** 

Remarks:

/s/ Gregory Rodetis, Senior Vice President & Treasurer

\*\* Signature of Reporting Person Date

02/10/2022

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).